

**VERMONT
STATE SYSTEM OF
CARE PLAN
FOR
DEVELOPMENTAL SERVICES**



FY 2004 UPDATE
YEAR 3 OF THREE-YEAR PLAN

Effective:
July 1, 2003 – June 30, 2004

Vermont State System of Care Plan for Developmental Services

FY 2004 Update **YEAR 3 OF THREE-YEAR PLAN**

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INTRODUCTION

This is the FY 2004 update to the 3-year *State System of Care Plan* covering the period of July 1, 2003– June 30, 2004. This is the final year of the current 3-year plan. The Developmental Disabilities Act of 1996 requires the Department of Developmental and Mental Health Services (DDMHS), to adopt a plan describing the nature, extent, allocation and timing of services that will be provided to people with developmental disabilities and their families. The *State System of Care Plan*, together with the Division of Developmental Services *Annual Report*, covers all requirements outlined in developmental disabilities statute.

The initial 3-year Plan address both system wide planning issues as well as local planning issues. Last year's update provided information on the system priorities; this year's plan, starting on page 6 provides an update on local system of care plan priorities.

While the State's financial picture is improving, it has not improved enough to fully reinstate the funding priorities that have been suspended since December 2001. However, we are proposing a change to the new caseload funding priorities, specifically around meeting the needs of high school graduates (see page 32).

PRINCIPLES OF DEVELOPMENTAL SERVICES

The Developmental Disabilities Act of 1996 (DD Act) states that services provided to people with developmental disabilities and their families shall foster and adhere to the following principles:

- ✧ **Children's Services.** Children, regardless of the severity of their disability, need families and enduring relationships with adults in a nurturing home environment. The quality of life of children with developmental disabilities, their families and communities is enhanced when the children are cared for within their own homes. Children with disabilities benefit by growing up in their own families; families benefit by staying together; and communities benefit from the diversity provided when people of varying abilities are included.
- ✧ **Adult Services.** Adults, regardless of the severity of their disability, can make decisions for themselves, can live in typical homes, and can contribute as citizens to the communities where they live.
- ✧ **Full Information.** In order to make good decisions, people with developmental disabilities and their families need complete information about the availability and choice of services, the cost, how the decision making process works, and how to participate in that process.
- ✧ **Individualized Support.** People with disabilities have differing abilities, needs, and goals. Thus, to be effective and efficient, services must be individualized to the capacities, needs, and values of each individual.
- ✧ **Family Support.** Effective family support services are designed and provided with respect and responsiveness to the unique needs, strengths, and cultural values of each family and the family's expertise regarding its own needs.
- ✧ **Meaningful Choices.** People with developmental disabilities and their families cannot make good decisions unless they have meaningful choices about how they live and the kinds of services they receive. Effective services are flexible so they can be individualized to support and accommodate personalized choices, values and needs and assure

PRINCIPLES OF DEVELOPMENTAL SERVICES

that each recipient is directly involved in decisions that affect that person's life.

- ⌘ **Community Participation.** When people with disabilities are segregated from community life, all Vermonters are diminished. Effective services and supports foster full community participation and personal relationships with other members of the community. Community participation is increased when people with disabilities meet their everyday needs through resources available to all members of the community.
- ⌘ **Employment.** The goal of job support is to obtain and maintain paid employment in regular employment settings.
- ⌘ **Accessibility.** Services must be geographically available so that people with developmental disabilities and their families are not required to move to gain access to needed services, thereby forfeiting natural community support systems.
- ⌘ **Health and Safety.** The health and safety of people with developmental disabilities is of paramount concern.
- ⌘ **Trained Staff.** In order to assure that the purposes and principles of this chapter are realized, all individuals who provide services to people with developmental disabilities must have training as required by section 8731 of this title.
- ⌘ **Fiscal Integrity.** The fiscal stability of the service system is dependent upon skillful and frugal management and sufficient resources to meet the needs of Vermonters with developmental disabilities.

FISCAL RESOURCES – FY 2004

For FY 2004, the Division of Developmental Services has an appropriated budget of combined state general funds and federal Medicaid funds of **\$90,739,955** including funds appropriated to the Department of Prevention, Assistance, Transition and Health Access (PATH) in support of people with developmental disabilities. This is allocated as follows:

Existing Community Services (includes \$1,302,423 for annualization of FY 03 consumers)	\$81,063,801
Flexible Family Funding (restores benefit level to \$1,122/person; no new consumers)	90,000
1.5% Workforce Compensation Increase (\$605,221 GF)	1,185,781
1.5% DA/SSA Operating Expense Increase (\$75,750 GF)	148,470
FY 04 Funding for Consumer Needs (\$1,071,568 GF)	2,791,269 ¹
“June Graduates” (\$340,677 GF)	887,411
Public Safety (\$408,842 GF; includes funds for 17 people & system improvements)	1,064,970
Division of Rate Setting	17,855
Salaries and Expenses for Guardianship Services, Quality Assurance and Division Administration	<u>3,490,398</u>
TOTAL	<u>\$90,739,955</u>

¹ Includes \$1,835,509 (\$704,652 GF) estimated Equity Fund resources already in base funding.

FISCAL RESOURCES – FY 2004

Insufficient Funds to Meet Personal Safety and/or Public Safety Needs –

It is the intent of the Department of Developmental and Mental Health Services to prioritize the personal or public safety needs of Vermont's adult citizens with developmental disabilities and their communities. Funding to meet these needs, once allocated by the State, is mostly managed at the local level. However, given that these needs are somewhat unpredictable, it may be that there is insufficient funding either through local caseload dollars, the graduate fund, the public safety fund or the equity fund. If this is the case, neither local funding committees or the equity committee may allocate funding if insufficient resources are present to cover the needs. Immediate notification should be made to the Director of Developmental Services for situations where a DA or SSA has insufficient funds (either through reallocation of funding among current consumers or access to the various caseload funds) in situations affecting personal or public safety. The Division Director will pursue authorization of the use of Risk Pool funds and/or evaluate the DA's or SSA's ability to fund the identified need from within existing resources.

SYSTEMS PLANNING – LOCAL SYSTEM OF CARE PLAN OUTCOMES SUMMARY

(Based on the Three Year Local System of Care Plan Covering FY 2002 – FY 2004 and FY 2003 Update)

COUNSELING SERVICE OF ADDISON COUNTY

Outcome Support Area	Outcomes Identified in 3 Yr. Plan: Accomplishments	Outcomes Identified After Plan: Accomplishments	Identified Outcomes: To be Done
<i>Communication</i>	<ul style="list-style-type: none"> Activities calendar distributed widely Family newsletter developed Information disseminated about politics and funding 		<ul style="list-style-type: none"> Develop user-friendly consumer handbook Complete Developmental Home handbook Create operations manual Develop staff training manuals Hold regular meetings of Consumer/Family Advisory Council, Developmental Home providers and agency staff
<i>Group Social Activities</i>	<ul style="list-style-type: none"> Classes to improve life skills offered Dances sponsored 		
<i>Respite</i>	<ul style="list-style-type: none"> New respite home created enabling purchase of respite by families and providers & use in emergency situations 		
<i>Funding</i>	<ul style="list-style-type: none"> Advocacy for support worker raises continued 		
<i>Additional Support to Families</i>	<ul style="list-style-type: none"> Family newsletter developed 	<ul style="list-style-type: none"> Survey of needs distributed Listserv to share resources 	

SYSTEMS PLANNING – LOCAL SYSTEM OF CARE PLAN OUTCOMES SUMMARY

Outcome Support Area	Outcomes Identified in 3 Yr. Plan: Accomplishments	Outcomes Identified After Plan: Accomplishments	Identified Outcomes: To be Done
<i>Transportation</i>	<ul style="list-style-type: none"> • Transportation options increased through purchase of two vans • Staff mileage reimbursement rate increased to \$.32/mile 		
<i>Transition to Adult Services</i>			<ul style="list-style-type: none"> • Create consumer handbook • Establish better working relationships with schools • Hold periodic informational meetings for high school students • Become involved with transition age students • Utilize the Vermont Parent Information Center
<i>Alternative Residential Model</i>			<ul style="list-style-type: none"> • Develop a residential model to bridge gap between 24-hour care & total independence
<i>Nursing</i>			<ul style="list-style-type: none"> • Hire a qualified nurse
<i>Crisis Services</i>	<ul style="list-style-type: none"> • New respite home created to respond to scheduled and emergency respite 		<ul style="list-style-type: none"> • Research availability of funding for local crisis response capacity

SYSTEMS PLANNING – LOCAL SYSTEM OF CARE PLAN OUTCOMES SUMMARY

(Based on the Three Year Local System of Care Plan Covering FY 2002 – FY 2004 and FY 2003 Update)

HEALTH CARE AND REHABILITATION SERVICES OF SOUTHEAST VERMONT

Outcome Support Area	Outcomes Identified in 3 Yr. Plan: Accomplishments	Outcomes Identified After Plan: Accomplishments	Identified Outcomes: To be Done
<i>Staff Recruitment & Retention</i>	<ul style="list-style-type: none"> • New Hiring Process developed in Jan '02 to eliminate delays in hiring qualified staff • Web-based job posting began 		<ul style="list-style-type: none"> • Update Hiring Process as needed • Provide prompt follow through on job offers
<i>Residential Options</i>	<ul style="list-style-type: none"> • Provider network enhanced • Residential options expanded (i.e., transitional residential supports) • Provide training to new providers 		<ul style="list-style-type: none"> • Home provider recruitment efforts enhanced
<i>Crisis Response/ Supports</i>	<ul style="list-style-type: none"> • Mandatory bi-monthly team meetings started-up • Active clinical supervision on case-by-case basis formed 	<ul style="list-style-type: none"> • Fully-staffed 4-tiered crisis approach developed; including primary, secondary, clinical and administrative levels 	
<i>Respite Supports</i>	<ul style="list-style-type: none"> • Respite options increased 		<ul style="list-style-type: none"> • Identify potential respite providers for families & home providers • Develop respite home

SYSTEMS PLANNING – LOCAL SYSTEM OF CARE PLAN OUTCOMES SUMMARY

Outcome Support Area	Outcomes Identified in 3 Yr. Plan: Accomplishments	Outcomes Identified After Plan: Accomplishments	Identified Outcomes: To be Done
<i>Case Management</i>	<ul style="list-style-type: none"> Case managers trained & educated - ongoing 		<ul style="list-style-type: none"> Decrease case management caseload size
<i>Employment Supports</i>	<ul style="list-style-type: none"> Intranet site developed to provide employees with current information Contracted with an Employee Assistance Program to enhance employee benefits 		
<i>Psychiatric & Psychotherapy Services</i>	<ul style="list-style-type: none"> Qualified psychiatrist hired Clinical support for crises & consultation to case managers provided 		
<i>Peer Support Groups</i>	<ul style="list-style-type: none"> Local self-advocacy groups meet minimally once/month in all locations Consumer choice of community-based outings through local & regional networking enhanced 	<ul style="list-style-type: none"> Consumer-driven choice of activities supported 	

SYSTEMS PLANNING – LOCAL SYSTEM OF CARE PLAN OUTCOMES SUMMARY

Outcome Support Area	Outcomes Identified in 3 Yr. Plan: Accomplishments	Outcomes Identified After Plan: Accomplishments	Identified Outcomes: To be Done
<i>Pervasive Developmental Disorders (PDD)</i>	<ul style="list-style-type: none"> • Children's Program Coordinator hired • Coordinator elected to panel of experts in PDD • Children's Program staff attended training, workshops & Seminars 		
<i>Staff Compensation</i>	<ul style="list-style-type: none"> • Base salary rate increased by 5.7% for all Community Outreach Specialists • Participated in State Salary Survey to insure competitive salary rates 		

SYSTEMS PLANNING – LOCAL SYSTEM OF CARE PLAN OUTCOMES SUMMARY

(Based on the Three Year Local System of Care Plan Covering FY 2002 – FY 2004 and FY 2003 Update)

HOWARD CENTER FOR HUMAN SERVICES

Outcome Support Area	Previously Identified Outcomes: Accomplishments	Newly Identified Outcomes: Accomplishments	Identified Outcomes: To be Done
<i>Recruitment & Retention of a Skilled Workforce</i>	<ul style="list-style-type: none"> • Extensive recruitment efforts conducted – ongoing • Recruitment data base completed • Worker:consumer ratio improved – ongoing • Monitored changes in support models for consistent & adequate support 		
<i>Crisis & Mental Health Services</i>	<ul style="list-style-type: none"> • Crisis staffing support supplemented – ongoing • Comprehensive Dialectical Behavior Treatment program training, consultation & therapy completed and/or ongoing • Educate families, educators and mental health providers re: role of DS in supporting children with dual diagnoses – ongoing • Identify mental health practitioners – ongoing 		<ul style="list-style-type: none"> • Values statement for children with dual diagnoses drafted • Develop in-house expertise to better support people diagnosed with Borderline Personality Disorder – started

SYSTEMS PLANNING – LOCAL SYSTEM OF CARE PLAN OUTCOMES SUMMARY

Outcome Support Area	Previously Identified Outcomes: Accomplishments	Newly Identified Outcomes: Accomplishments	Identified Outcomes: To be Done
<i>Children & Family Services</i>	<ul style="list-style-type: none"> Established partnership with Essex Parks & Recreation Department Supplemented in-house clinical resources Educate families, educators and mental health providers re: role of developmental services in supporting children with dual diagnoses – ongoing Worked with DDS to clarify process for exceptions to current regulations Conducted community training 	<ul style="list-style-type: none"> Clinical Resources Survey of staff conducted Co-hosted community-wide diversity conference 	<ul style="list-style-type: none"> Contract with two additional recreation departments

SYSTEMS PLANNING – LOCAL SYSTEM OF CARE PLAN OUTCOMES SUMMARY

(Based on the Three Year Local System of Care Plan Covering FY 2002 – FY 2004 and FY 2003 Update)

LAMOILLE COUNTY MENTAL HEALTH SERVICES

Outcome Support Area	Outcomes Identified in 3 Yr. Plan: Accomplishments	Outcomes Identified After Plan: Accomplishments	Identified Outcomes: To be Done
<i>Crisis</i>	<ul style="list-style-type: none"> • Crisis services have been stabilized to the extent possible at this time 		<ul style="list-style-type: none"> • Continue efforts to stabilize crisis services • Provide intensive crisis training to all staff • Develop regional crisis bed
<i>Education & Training</i>			<ul style="list-style-type: none"> • Maintain current levels of education & training • Enhance training opportunities through collaboration with other agencies • Provide consumer training on sexuality & relationship building
<i>Vocational Supports</i>	<ul style="list-style-type: none"> • Vocational worker hired 		<ul style="list-style-type: none"> • Secure funding for existing vocational specialists • Employ all people served by agency who wish to work

SYSTEMS PLANNING – LOCAL SYSTEM OF CARE PLAN OUTCOMES SUMMARY

(Based on the Three Year Local System of Care Plan Covering FY 2002 – FY 2004 and FY 2003 Update)

NORTHEAST KINGDOM HUMAN SERVICES

Outcome Support Area	Outcomes Identified in 3 Yr. Plan: Accomplishments	Outcomes Identified After Plan: Accomplishments	Identified Outcomes: To be Done
<i>Crisis Bed</i>	<ul style="list-style-type: none"> • All adult referrals to crisis bed accepted • Staff trained – ongoing 		<ul style="list-style-type: none"> • Provide crisis supports to people who are not familiar to the agency • Develop staffing to help more challenging individuals
<i>Nursing</i>	<ul style="list-style-type: none"> • Nursing oversight increased to support crisis bed, provide oversight & conform to regulations 	<ul style="list-style-type: none"> • Responsibility for health training assumed 	<ul style="list-style-type: none"> • Increase psychiatric coverage • Integrate psychiatric component with agency psychiatrists
<i>Staff Compensation</i>	<ul style="list-style-type: none"> • Staff compensation increased 		
<i>Self-Advocacy</i>	<ul style="list-style-type: none"> • Self-advocacy activities supported – ongoing 		
<i>Safe Choices Program</i>	<ul style="list-style-type: none"> • Respite models of services to offenders funded and implemented 		<ul style="list-style-type: none"> • Develop program alternatives • Develop staffed program treatment model with varied levels of treatment, supervision & independence
<i>GRACE Arts Program</i>	<ul style="list-style-type: none"> • Funding for arts program secured 		
<i>Quality Improvement</i>	<ul style="list-style-type: none"> • Quality improvement program established & continues with DDMHS quality reviews 		<ul style="list-style-type: none"> • Enhance human rights • Address concerns of parents of Lyndonville home

SYSTEMS PLANNING – LOCAL SYSTEM OF CARE PLAN OUTCOMES SUMMARY

(Based on the Three Year Local System of Care Plan Covering FY 2002 – FY 2004 and FY 2003 Update)

NORTHWESTERN COUNSELING & SUPPORT SERVICES

Outcome Support Area	Outcomes Identified in 3 Yr. Plan: Accomplishments	Outcomes Identified After Plan: Accomplishments	Identified Outcomes: To be Done
<i>Autism Collaborative</i>	<ul style="list-style-type: none"> Autism collaborative supported – ongoing 		<ul style="list-style-type: none"> Schedule regular meetings with schools Provide open forums with family members Identify parent support group facilitator
<i>Transition Students</i>	<ul style="list-style-type: none"> Families educated about services to transition age students 		<ul style="list-style-type: none"> Increase contact between agency & schools Share creative alternatives in response to lack of funding
<i>Communication</i>	<ul style="list-style-type: none"> Informational bi-monthly newsletter published - ongoing 		<ul style="list-style-type: none"> Increase participation in local events Increase submissions to rural newspapers
<i>Staffing Issues</i>			<ul style="list-style-type: none"> Recruit at local schools via creative advertisements
<i>Miscellaneous</i>		<ul style="list-style-type: none"> Focused on different choices for supported living Educational and leisure activities expanded Supported peer support & self-advocacy – ongoing 	

SYSTEMS PLANNING – LOCAL SYSTEM OF CARE PLAN OUTCOMES SUMMARY

(Based on the Three Year Local System of Care Plan Covering FY 2002 – FY 2004 and FY 2003 Update)

RUTLAND MENTAL HEALTH SERVICES

Outcome Support Area	Outcomes Identified in 3 Yr. Plan: Accomplishments	Outcomes Identified After Plan: Accomplishments	Identified Outcomes: To be Done
<i>Health & Safety</i>	<ul style="list-style-type: none"> • Medical needs assessment completed • New Training Coordinator hired • Quality staff hired & retained <ul style="list-style-type: none"> ○ Move to participatory leadership model ○ Restructure of Community Access Program ○ Creation of the Quality Enhancement Team ○ Provide cost of living increases to staff ○ Staff turnover significantly below statewide average 		
<i>Quality of Life</i>	<ul style="list-style-type: none"> • New residential options developed • Employment options expanded • Community-based social/recreation activities expanded 		<ul style="list-style-type: none"> • Develop job training & career advancement curriculum
<i>Organization</i>	<ul style="list-style-type: none"> • New operations manual developed 		

SYSTEMS PLANNING – LOCAL SYSTEM OF CARE PLAN OUTCOMES SUMMARY

Outcome Support Area	Outcomes Identified in 3 Yr. Plan: Accomplishments	Outcomes Identified After Plan: Accomplishments	Identified Outcomes: To be Done
<i>Systems</i>	<ul style="list-style-type: none"> • Integrated well coordinated transition process developed <ul style="list-style-type: none"> ○ Child & Family Services Director's participation in Local Interagency Team ○ Regular meetings with school & mental health ○ Appointment of Child & Family Services Director to Regional Board for Family Services 		

SYSTEMS PLANNING – LOCAL SYSTEM OF CARE PLAN OUTCOMES SUMMARY

(Based on the Three Year Local System of Care Plan Covering FY 2002 – FY 2004 and FY 2003 Update)

UNITED COUNSELING SERVICES

Outcome Support Area	Outcomes Identified in 3 Yr. Plan: Accomplishments	Outcomes Identified After Plan: Accomplishments	Identified Outcomes: To be Done
<i>Shared Living Providers</i>	<ul style="list-style-type: none"> Recruitment efforts for shared living providers improved – ongoing Developed & instituted awareness campaign 		<ul style="list-style-type: none"> Continue to explore creative recruitment
<i>Crisis & Respite Capacity</i>	<ul style="list-style-type: none"> Local crisis and respite capacity expanded through on-call system and crisis bed 		<ul style="list-style-type: none"> Develop more respite resources for families & shared living providers Develop collaborative support system & improve clinical crisis response for children Provider staff training
<i>Support for People Living with Aging Parents</i>	<ul style="list-style-type: none"> Case managers worked with parents around specific issues In-service training provided to staff & parents 		<ul style="list-style-type: none"> Provide additional in-service training Assist individuals & families to plan for the future
<i>Networking/Community Liaison</i>	<ul style="list-style-type: none"> Staff & schools cross-trained Networking & expertise in PDD increased 		
<i>Family Support Group</i>	<ul style="list-style-type: none"> Family services reorganized 		<ul style="list-style-type: none"> Efforts to facilitate family support group not successful; re-evaluate what supports families are wanting

SYSTEMS PLANNING – LOCAL SYSTEM OF CARE PLAN OUTCOMES SUMMARY

Outcome Support Area	Outcomes Identified in 3 Yr. Plan: Accomplishments	Outcomes Identified After Plan: Accomplishments	Identified Outcomes: To be Done
<i>High Quality Services</i>	<ul style="list-style-type: none"> Passed CARF Accreditation DDS reviews and satisfaction surveys reflect quality programs Direct care staff turnover and vacancies reduced 	<ul style="list-style-type: none"> Increase family and consumer involvement in all aspects of service delivery 	<ul style="list-style-type: none"> Improve intake & utilization management process
<i>Competitive Employment</i>	<ul style="list-style-type: none"> Meaningful jobs developed for individuals 	<ul style="list-style-type: none"> Develop an Advisory Council of employers 	<ul style="list-style-type: none"> Assist more individuals to be employed
<i>Community Supports</i>	<ul style="list-style-type: none"> Community supports enhanced; ended reliance on a facility <ul style="list-style-type: none"> ○ Pick up & drop off people at their homes 		<ul style="list-style-type: none"> Ensure all activities are person-driven
<i>Support Individuals to Meet Outcomes</i>	<ul style="list-style-type: none"> Individuals supported to meet desired goals and principles of self-determination Ensure that individuals develop their own ISAs 		<ul style="list-style-type: none"> Help individuals develop meaningful goals (e.g., skill development vs. maintenance-type goals)
<i>Effective Communication</i>	<ul style="list-style-type: none"> Part-time Communication Specialist hired People supported to increase communication abilities 		<ul style="list-style-type: none"> Communication referrals made for all people who have identified need Follow recommendations of communication assessments Increase number of hours for Communication Specialist

SYSTEMS PLANNING – LOCAL SYSTEM OF CARE PLAN OUTCOMES SUMMARY

(Based on the Three Year Local System of Care Plan Covering FY 2002 – FY 2004 and FY 2003 Update)

UPPER VALLEY SERVICES

Outcome Support Area	Outcomes Identified in 3 Yr. Plan: Accomplishments	Outcomes Identified After Plan: Accomplishments	Identified Outcomes: To be Done
<i>Information Dissemination</i>	<ul style="list-style-type: none"> Strategies for disseminating information developed & reviewed – ongoing 		
<i>Individual Support Agreements</i>	<ul style="list-style-type: none"> Quality & timeliness of ISAs improved Training & supervision to case managers provided Consumer survey information collected and used to monitor continued dev. of ISA process 		
<i>Working Conditions for Staff & Contractors</i>	<ul style="list-style-type: none"> Staff training needs assessed & attendance encouraged Asked for feedback from staff & contractors on satisfaction Support for adequate compensation of workforce provided – ongoing Educational opportunities for staff & contractors developed – ongoing 		

SYSTEMS PLANNING – LOCAL SYSTEM OF CARE PLAN OUTCOMES SUMMARY

Outcome Support Area	Outcomes Identified in 3 Yr. Plan: Accomplishments	Outcomes Identified After Plan: Accomplishments	Identified Outcomes: To be Done
<i>Internal & External Communication</i>	<ul style="list-style-type: none"> Strategies for improving internal & external communication systems developed & implemented <ul style="list-style-type: none"> Agency newsletter Maintain agency web page Mediation/conflict resolution training for management staff 		<ul style="list-style-type: none"> Expand use of e-mail internally & externally to organization
<i>Social & Recreational Opportunities</i>	<ul style="list-style-type: none"> Interests & needs for social & recreational activities assessed 		<ul style="list-style-type: none"> Develop specific strategies to support these activities & develop a plan to assess & monitor progress
<i>Working Relationship with School Systems</i>	<ul style="list-style-type: none"> Formal working relationships with local schools maintained <ul style="list-style-type: none"> Information sheet on DS shared with schools Provide assistance in transition planning and implementation – ongoing 		
<i>Employment Opportunities</i>	<ul style="list-style-type: none"> Employment opportunities increased 	<ul style="list-style-type: none"> Continue transition programs 	
<i>Supports to People who are Elderly</i>			<ul style="list-style-type: none"> Improve effectiveness of services provided to people who are elderly

SYSTEMS PLANNING – LOCAL SYSTEM OF CARE PLAN OUTCOMES SUMMARY

(Based on the Three Year Local System of Care Plan Covering FY 2002 – FY 2004 and FY 2003 Update)

WASHINGTON COUNTY MENTAL HEALTH

Outcome Support Area	Outcomes Identified in 3 Yr. Plan: Accomplishments	Outcomes Identified After Plan: Accomplishments	Identified Outcomes: To be Done
<i>Residential</i>			<ul style="list-style-type: none"> Expand residential options
<i>Case Management</i>	<ul style="list-style-type: none"> Training in ISA dev. & personal centered planning provided 		<ul style="list-style-type: none"> Dev. case manager skills through training, mentoring & supervision
<i>Facilitated Communication</i>	<ul style="list-style-type: none"> Facilitated Communication Assistant assigned 		<ul style="list-style-type: none"> Provide awareness & education regarding best practices
<i>Crisis Support</i>	<ul style="list-style-type: none"> On-call crisis support evaluated Staff better compensated Non-emergency on-call service merged with crisis pager Crisis bed intake process redone Crisis bed staff trained 		
<i>Employment Services</i>			<ul style="list-style-type: none"> Institute plan to meet the following goals: <ul style="list-style-type: none"> People wanting work will be given the opportunity to do so Emp. Svcs. recognized as asset to community & businesses All consumers receiving voc. services will have the oppty. for personal & professional growth All staff providing voc. services & support will have the oppty. for personal & prof. growth

SYSTEMS PLANNING – LOCAL SYSTEM OF CARE PLAN OUTCOMES SUMMARY

Outcome Support Area	Outcomes Identified in 3 Yr. Plan: Accomplishments	Outcomes Identified After Plan: Accomplishments	Identified Outcomes: To be Done
<i>Intake</i>	<ul style="list-style-type: none"> • Intake process formalized • Intake Coordinator participated in transition meetings & forums 		<ul style="list-style-type: none"> • Facilitate viewing of complaint and appeals videos
<i>Quality Assurance</i>	<ul style="list-style-type: none"> • Implemented stricter policies on paperwork compliance 		
<i>Family Services</i>	<ul style="list-style-type: none"> • Special Autism training provided for families and staff 		<ul style="list-style-type: none"> • Develop resource for recruiting and using individuals with expertise in children services • Provide info. & training to families on how funds can be used • Recruit and train qualified Pers. Care Attd. & respite workers • Recruit consultants and personnel who have expertise in autism
<i>Local Funding Committee</i>	<ul style="list-style-type: none"> • Meet waiting list needs with use of one-time funding • Involvement of additional staff in funding committee process • Increase knowledge of funding committee members • Develop more formal funding decision notification process • Review PDD funding locally 		

CRITERIA FOR FUNDING

At least 75% of new caseload funds are used for people who meet the new caseload funding priorities *and* the definition of “new consumer.”

New Consumer – a person who:

- *Is new to services (did not receive services in the previous fiscal year);*
- *Is not currently receiving DDS funding (but may be receiving services from a DS provider; for example, PATH-funded personal care services);*
- *Is an existing consumer currently receiving only “minimal services”; minimal services are:*
 - *Flexible Family Funding,*
 - *Enhanced Flexible Family Funding,*
 - *Targeted Case Management (generally averaging 2 hours or less/week), or*
 - *Transition grant-funded employment services.*
- *Experiences the death or loss of an unpaid or minimally paid² caregiver providing home supports; or,*
- *Graduates from school or leaves SRS custody during the year.*

Up to 25% of new caseload funds may be used to meet priority needs for people who meet the definition of “existing consumer” and who are experiencing a need consistent with the new caseload funding priorities.

Existing Consumer – a person currently receiving DDS funded services who is not a “new consumer” (see above).

² e.g., a residential care home provider.

CRITERIA FOR FUNDING

The following general conditions must be met whenever Division of Developmental Services funding is allocated to meet the needs of any consumer, new or existing:

Meeting the Service System's Standards – Any changes in individuals' current budgets are made first and foremost to assure funding is available to meet New Caseload Funding Priorities for new and existing consumers. Decisions to allocate funding or change any individual's budget must be consistent with the following:

- *The Developmental Disabilities Act of 1996 and corresponding regulations;*
- *Medicaid rules and regulations;*
- *Needs assessment performed during initial intake and periodic review;*
- *Individual Support Agreement Guidelines;*
- *Guidelines for Quality Services; and,*
- *The Developmental Service System Restructuring Plan (1998) and subsequent interpretations.*

Cost Effective Methods – The most cost effective methods of providing services, appropriate to the individual situation, must be used when designing and providing supports. This includes exploration of contracted, self- and family-managed services when appropriate.

Exploration of methods to reduce administrative overhead through the consolidation, simplification, computerization, etc. of business processes and business relationships is important to continuing or improving the percentage of public funds that support individual services directly.

Complying with Limitation on Use of Funds – DDS funding cannot be used to increase the availability of the following services:

- *Congregate residential settings for children under 18 years old;*
- *Enclaves (segregated work environments within an employer's setting); or,*

CRITERIA FOR FUNDING

- *Congregate residential settings in excess of 4 beds for adults (age 18 and over).*

DDS funding cannot be used to fund the following services/settings:

- *Institutional settings (e.g., nursing facilities, etc.) for providing “community supports” other than for people living, working or volunteering in the setting;*
- *Residential schools/treatment centers, in-state or out-of-state institutional placements (e.g., ICF/MR, nursing facility);*
- *Costs for the individual’s room and board in either the person’s normal living environment or any temporary or intermittent locations (e.g., hotels, motels, restaurants, etc. -- Medicaid waiver only); or,*
- *Sheltered workshops.*

Prioritization of Funding – The developmental services system is responsible by statute to support eligible individuals ***within the funds appropriated by the legislature***. Each year requests for services exceed the funds available. To target resources to eligible individuals most in need, funding decisions are made in accordance with funding priorities set by DDS³ through use of newly appropriated caseload funds **and** through review of potential funding changes for existing consumers.

³ See Regulations for Implementing the Developmental Disabilities Act of 1996 Parts 1 and 2.

APPLICANT LIST & WAITING LIST

Each Designated Agency and Specialized Service Agency maintains an *applicant list* of:

- All people (new and existing for DA's; existing for SSA's) who are eligible for services based on their disability, but whose needs do not meet the *System of Care Plan's* funding priorities. These individuals are periodically reviewed at least annually to see if their needs have changed resulting in meeting a funding priority.

Each Designated Agency maintains a *waiting list* of:

- All people (new and existing) who have needs that meet the funding priorities but for whom there are insufficient funds either through legislatively appropriated caseload funding or reallocation of existing resources.

The applicant list and the waiting list must be kept in accordance with Division instructions. Furthermore, all people who meet the New Caseload Funding Priority, "*Support needed to prevent an adult from becoming homeless,*" shall receive funding to meet that need and, therefore, shall not be on the waiting list for that service area. Similarly, if someone is experiencing *serious risk to their health or safety*, they should not be on the waiting list for supports to address a serious risk to his or her health or safety. Also, individuals who pose a *serious risk to public safety* should not be placed on the waiting list.

This means, however, that the support needed to address the above areas may be provided, but a comprehensive array of supports might not be funded.

EXISTING CASELOAD FUNDING

It is important to note that the vast majority of all resources for services **(over \$81 million)** are within the existing allocations for Designated Agencies and Specialized Service Agencies for people already receiving services. The use and flexibility of these funds, therefore, needs to be considered. Existing caseload funding:

- *Provides capped funding to cover the needs of existing consumers served by the DA or an SSA.*
- *Provides for changes in existing consumers' budgets to meet needs identified during the periodic review process. This means that changes within already funded areas of support are allowable and can be made without an updated needs assessment. However, decisions made to fund any new areas of support are made during the periodic review process and can only be changed if an updated needs assessment reveals a serious need in the area and the provider has addressed personal/public safety issues of the individual or others.*
- *Provides for the reallocation of existing funding from all individuals (agency-managed; shared managed and self- or family-managed) from services that are no longer needed, or that cost less than anticipated, to meet areas of critical need of other individuals including new consumers⁴.*
- *Provides a distribution to DAs and SSAs in an amount equal to that received for existing consumers in FY 2003, plus an approximate 1.5% cost of living increase targeted to workforce compensation issues (salaries, health insurance, etc.) and DA/SSA operating expense increases (e.g., fuel, telephone, etc.).*

⁴ Individual budgets and need for services for existing consumers are re-examined at least annually by DAs and SSAs to see if adjustments are necessary. These decisions will be reviewed by DDS through monitoring activities. Once a need has been identified and funding approved to meet the need, the method by which the need is met (e.g., how the service is provided) is still fundamentally the choice of the consumer within the funds available and appropriate uses of state and federal funding.

EXISTING CASELOAD FUNDING

- *Reverts to the Equity Fund when a person dies (except PASARR specialized services), moves out-of-state, or makes a long-term move to an institutional placement (e.g., jail, nursing facility) or residential school, to meet critical needs of consumers (see Equity Fund – page 36).*
- *Remains with the DA as new caseload funding when individuals previously supported become independent of, or voluntarily leave, DDS-funded services. The DA maintains funding responsibility if the person seeks services in the future. If the individual moves to a region covered by a different DA, the person's existing funding is transferred to the new region that is responsible for providing service, regardless of whether the individual is an active consumer at the time of transfer.*

EXISTING CASELOAD FUNDING PRIORITIES

When reallocating existing funding, DA's are encouraged to provide supports, ***within funding available***, to assist each individual to increase his/her independence as noted below; however, ***funding must first be used to address personal or public safety issues.***

Reducing or Eliminating Unwanted Services

When making reallocation decisions, DAs will consider reducing or eliminating services that are not needed, wanted or valued by people receiving supports.

Improving the Quality of Services

Designated Agencies, SSAs and other providers are expected to focus on improving the quality of services that relate directly to a person's quality of life and/or which prevent greater human or financial costs in the future. One way this may be done is through implementation of Local System of Care Plan initiatives that are not incorporated into the State System of Care Plan.

Funding will be used in creative and innovative ways, individually and systemically, to achieve successful progress in some or all of the following areas specified in Local System of Care Plans and consumer and family surveys:

- | | |
|-----------------------------------|-----------------------------|
| ☞ Employment | ☞ Alternative Home Supports |
| ☞ Social/Recreation/Friendships | ☞ Transition Supports |
| ☞ Respite/Flexible Family Funding | ☞ Transportation |
| ☞ Self-advocacy | ☞ Training |

Maintaining Existing Quality Services

It is essential that supports and services, other than those that fit clearly in the categories above, also be of priority if they help people achieve their desired life goals. This is accomplished by:

- ☞ *Involving the person (and his or her guardian if applicable) when making individual budget adjustments that change the quality and quantity of services;*
- ☞ *Working with the individual to identify the supports and services that are the most economical and cost effective to meet the needs of the person;*
- ☞ *Taking into account the actual benefit and proactive nature of services for each person when shifting funding; and,*
- ☞ *Not reducing supports or services to an individual if it will endanger the health, or safety of the person⁵.*

⁵ If there is a proposed reduction or termination of supports or services, the person will be advised, in writing and in another method that is understood, if necessary, of his or her right to appeal.

NEW CASELOAD FUNDING

At all times, the efficient use of resources is important to the efforts to sustain an effective system of services for Vermonters with developmental disabilities. It is the role of the developmental services system to support communities – not to substitute for them. To that end, new caseload funding is used in accordance with the following parameters:

- *Funding may be provided to support, not take the place of, the role of family and community – community and family resources must be used to the fullest extent possible prior to accessing DS funding.*
- *Alternative funding must be unavailable or insufficient. Waiver funding may be used only for services that cannot be funded through other private or public means, or as a Medicaid State Plan Service.*
- *Funding may not duplicate services that are the responsibility of other support systems.*
- *Only funding requests over \$3,000 (for ongoing services) are eligible for new funding.*
- *Funding must be consistent with the system's standards and limitations (see pages 25 and 26).*

New caseload funding is used to support eligible individuals whose needs fit the priorities listed on the following table (page 32). Funding requests may often stem from critical life situations, but ***it is expected that DAs will be thoughtful and creative in making funding decisions that anticipate and prevent circumstances that may lead to individuals going into crisis.*** How funding is actually used is relatively flexible as long as the support directly addresses a priority area of need and is within guidelines for use of state and federal funding.

Within the resources appropriated by the legislature, it is the goal of the developmental services system to assist eligible people who have need for support brought about by the following circumstances to have those needs met:

NEW CASELOAD FUNDING PRIORITIES

Health & Safety

- ☞ Support needed to prevent an adult from being abused, neglected or exploited, or otherwise having his or her health and safety jeopardized.
- ☞ Support needed to prevent an adult or child from regressing mentally or physically⁶. 12/01/01

Security

- ☞ Support needed to keep a child under 18 with his or her natural or adoptive family. Services may not replace the regular role and expenses of parenting (e.g., childcare, transportation, household bills, etc.).⁷ 12/01/01
- ☞ Support needed for parents with developmental disabilities to provide training in parenting skills to help keep a child under 18 at home. Services may not substitute for the parent and may not replace the regular role and expenses of parenting (e.g., childcare, transportation, household bills, etc.) and are limited to \$5,000/year since December 01, 2001. 01/01/03
- ☞ Support needed to prevent an adult from becoming homeless.
- ☞ Support needed by an adult who is experiencing the death or loss of a caregiver⁹.
- ☞ Support needed to prevent or end institutionalization (i.e., VSH, psychiatric hospitals, ICF/MRs, nursing homes) or residential school placements.

12/01/01 SUSPEND NURSING HOMES FOR MEDICALLY ELIGIBLE & RESIDENTIAL SCHOOLS

Independence

- ☞ Support needed to keep a person who graduated from high school during the 02-03 and 03-04 school years from losing his/her current job.
- ☞ Support needed to keep a person from losing a job (except as noted above). 12/01/01 SUSPENDED
- ☞ Support needed to assist an adult to be independent from DDS-funded services, or to move to "minimal services," within 2 years. 12/01/01 SUSPENDED

Legally Mandated Services & Community Safety

- ☞ Support needed by an adult who has been committed to the custody of the Commissioner of DDMHS pursuant to Act 248.
- ☞ Support needed to prevent an adult who poses a risk of public safety from endangering others¹⁰.
- ☞ Support needed by a person in a nursing home for community placement under the requirements of federal law or specialized services (limited to 5 hours/week since January 2003; funded from PASARR fund, see page 39) for new referrals.

⁶ This includes equipment and modifications that may be needed to prevent an adult or child from regressing. This is not intended to substitute for other responsible public services (e.g., public education, child welfare, health insurance, etc.)

⁷ Services can cover extraordinary costs as a result of the child's developmental disability.

⁸ Families are eligible for Flexible Family Funding in accordance with the *Flexible Family Funding Program Guidelines*.

⁹ Caregiver means an unpaid or minimally paid (e.g., a residential care home) caregiver.

¹⁰ Based upon past known behavior (e.g., arrested for serious offense, substantiated sexual abuse, under restraining order because of dangerous conduct, etc.). Not intended to substitute for or replace Corrections supervision for people who have committed and been convicted of a crime.

NEW CASELOAD FUNDING PRIORITIES

Other Considerations

- *Within the context of insufficient appropriations for new caseload and the top priorities for public funding of supports for people with developmental disabilities being personal safety of individuals and the safety of the public, the following New Caseload Funding Priorities, or portion thereof, will be suspended if resource conditions warrant:*
 - *Support needed to keep a person who graduated from high school during the 02-03 and 03-04 school years from losing his/her current job.*
 - *Support needed by a person in a nursing home for specialized services. (Community placement of a person desiring to leave the institutional setting would remain a funding priority.)*
- *Any unused resources for individuals who do not receive all or a part of the service for which funding is allocated are returned to the local caseload, Equity fund, PASARR fund, graduate fund or public safety fund as applicable.*
- *Any funds remaining in local caseload allocations at the end of the fiscal year revert back to the State to be reallocated in the following year's allocations.*
- *For a person who currently lives in another state, that state, or other source, may be willing to pay for bridge funding in Vermont for a period of at least one year. DDS may facilitate such an arrangement. When bridge money ends, the person needs to meet funding priorities as a new consumer in order to receive support.*
- *A person who has been out of services voluntarily, (e.g., temporarily living elsewhere, trying to be independent of the system), retains his or her eligibility for services for up to two years, but must meet new caseload funding priorities to access funding.*
- *A person who leaves services temporarily (i.e., to go to a correctional or nursing facility), retains eligibility for services¹¹, but must meet new caseload funding priorities to access funding upon leaving the facility.*

¹¹ See Regulations for Implementing the Developmental Disabilities Act of 1996 Parts 1 and 2.

ONE-TIME FUNDING

When new caseload funding is approved, the general fund amount needed to support a full year of services is committed. This assures that funds to pay for a full year of services are built into the base budget. The balance of the general fund allocation that is not needed for supporting the person that first year creates resources known as one-time funding.

One-time funding is used for one-time, temporary or short-term expenditures (it may not be used for ongoing needs) that directly assist people with disabilities and their families, or to cover the costs of implementing the regulations from the DD Act of 1996. This funding is available to both new and existing consumers, as well as to support systemic needs (e.g. investments to increase support for self-advocacy activities; expanding crisis capacity; developing additional housing and home support options, etc.).

These funds are maintained at the Division for use by providers and/or the Division in meeting the one-time funding priorities (see page 35). The Division will consult with local funding committees or the Equity Committee as appropriate, for any use requested by the Division. Requests for one-time funding may be less than \$3,000 to local caseload funds; however, any requests to Equity Committee must be in excess of \$3,000.

One-time funding is created through four funds:

- 1) ***Local Caseload Funds;***
- 2) ***Equity Fund;***
- 3) ***June Graduate Fund; and,***
- 4) ***Public Safety Fund.***

ONE-TIME FUNDING PRIORITIES

Individual and/or Family Priorities

- ⌘ *One-time allocations to address personal or public safety issues for individuals with developmental disabilities.*
- ⌘ *One-time allocations of Flexible Family Funding to people with disabilities and families in need.*
- ⌘ *Short-term increases in supports to a person already receiving services to resolve or prevent a crisis.*
- ⌘ *Assistive technology (e.g., adaptive equipment, home modifications to make the person's residence accessible) and other special supports and services not covered under the Medicaid state plan.*
- ⌘ *Supports that may not meet New Caseload Funding Priorities but are proactive and/or short-term in nature.*
- ⌘ *Transitional support to assist an adult to become independent of DDS-funded services.*

System Priorities

- ⌘ *Small grants to self-advocates, families and others for innovative programs, plans or training that promote the principles of services as stated in the Developmental Disabilities Act of 1996.¹²*
- ⌘ *Implementation of the Training and Special Care Procedure regulations for the Developmental Disabilities Act of 1996.*
- ⌘ *Implementation of Local System of Care Plan initiatives that are not incorporated into the State System of Care Plan.*

¹² *Developmental Disabilities Act of 1996, 18 V.S.A. § 8724 (see Principles section).*

EQUITY COMMITTEE

The Equity Committee is comprised of five DA representatives and two self-advocates or family members. The Committee manages the following funds:

Equity Fund

Each DA is allocated a share of new caseload funding to manage for its local geographic region. In contrast, the Equity Fund is a statewide resource that contains funding returned because a consumer has died, gone into an institution, left the state or not used funding granted during the year by the Equity Committee. The Fund supplements agency allocations, based on specific requests from local funding committees, when local resources are insufficient to meet new caseload funding priorities for eligible consumers. Only funding requests over \$3,000 (ongoing and one-time) are eligible for equity funding. The Equity Fund also provides funding for any young adult aging out of SRS custody who meets eligibility and new caseload funding priorities. The purpose of the fund is to assure that no particular designated agency suffers undue hardship as the result of extraordinary needs of people with disabilities and their families in the region.

High School Graduate Fund

High school graduate funding is provided to individuals who meet graduation requirements and exit high school during the year. Sometimes referred to as “June Grad funding,” it is not limited to those individuals who graduate in June. In order to receive funding, high school graduates must either have a job prior to exiting high school or have a compelling rationale to meet another funding priority. Staffed supports are generally limited to the hours of support required to help maintain a job up to 20-25 hours/week unless significant personal or public safety issues are present (e.g., offender, person with significant health issues, etc.).

The local funding committee first reviews funding applications then forwards their recommendations for high school graduates to the statewide Equity Committee. For FY 2004, the legislature appropriated \$887,411 (\$340,677 GF). If targeted graduate funding is insufficient for individuals who otherwise meet the funding priorities, the individual has access to the Equity Fund, local caseload funds or Risk Pool as available. Likewise, if

EQUITY COMMITTEE

graduate funding is sufficient to meet the needs of individuals who meet funding priorities, any balance may be used to meet the needs of individuals who meet other new caseload funding priorities.

Public Safety Funding

Fiscal year 2004 marks the first year of a special appropriation of funding for people who pose a risk to public safety. Historically, funding to support these individuals has been provided exclusively through new caseload funding. For FY 2004 the legislature has appropriated \$775,106 (\$290,122 GF) to support approximately 17 individuals who pose a risk to public safety. Because it is unpredictable where these individuals may be served, the Equity Committee will manage this funding. Resources will generally be provided from this fund only after a person's budget rises above the average annual individual waiver cost for FY 02 -- \$39,000. However, if the public safety funding is sufficient to meet the needs of individuals who qualify, any balance may be used to meet the needs of individuals who meet other new caseload funding priorities.

Public safety funding is available to adults with developmental disabilities who meet the following definition:

People currently receiving service – risk must be newly identified and fall into any of the categories listed below

New applicants – risk identified at application and must fall into any of the categories listed below

- Committed to DDMHS under Act 248 or under an order of nonhospitalization because of being dangerous to others
- Convicted of a crime and under supervision of the Department of Corrections (probation, parole, furlough). The Department of Corrections is actively taking responsibility for supervision for community safety, and the DS agency is providing supports in cooperation with Corrections. Funding will be pursued from the Department of Corrections funding where appropriate.

EQUITY COMMITTEE

- Convicted of a crime and has maxed out of sentence and there is evidence that the individual poses a risk of endangering others in the future.
- Substantiated by the Department of Aging and Disabilities or the Department of Social and Rehabilitation Services for abuse, neglect, or exploitation, and there is evidence that the individual poses a risk of endangering others in the future
- Is in SRS custody because of an act that would have been a crime if committed by an adult, and who is now aging out of SRS custody, and there is evidence that the youth poses a risk of endangering others in the future.
- Not charged with or convicted of a crime, but the individual is known to have committed one or more acts which are dangerous to others and which are against the law in Vermont and there is evidence that the individual poses a risk of endangering others in the future.
- Put under a restraining order based on actions that were threatening or dangerous to another person.

Not eligible for Public Safety caseload funds:

- Individuals believed to pose a risk of dangerousness to others, but who have not committed an act that is a crime in Vermont.
- Individuals who have committed an offense in the past, but whose services do not reflect any offense-related specialized support needs or who do not pose a risk of endangering others in the future.

The Legislature also appropriated \$317,179 (\$118,720 GF) to increase the availability of a safety net of skilled respite providers for people who pose a risk to public safety. The Division will determine the best method to achieve this outcome in collaboration with relevant stakeholders.

SPECIAL PROGRAM ALLOCATIONS

DDS Administered Funds

DDS administers two small funds that cover dental services, adaptive equipment and other ancillary services not covered by Medicaid and unanticipated services for individuals receiving public guardianship but not served by Designated Agencies. Funds for FY 2003 are allocated as follows:

- *Special Services Fund* \$ 30,000
- *Guardianship Services Fund* \$ 19,000

Joint Funding

Joint funding arrangements for Medicaid waiver and targeted case management involving other state agencies (e.g., Department of Social and Rehabilitation Services, Department of Corrections, Division of Mental Health), and/or out-of-state organizations, must involve the Division of Developmental Services in negotiation and receipt of funds. Providers may contract directly with local schools to provide services that are not funded through the Medicaid waiver or targeted case management. However, any current service arrangements involving local schools and use of the Medicaid waiver that have not expired continue to require involvement and approval of the Division.

PASARR¹³ Funding

Individuals who live in nursing facilities who need specialized services are funded under Nursing Home Day Rehabilitation and prior authorized on an individual basis by the Division of Developmental Services. Allocations are reviewed on an annual basis. Funding for specialized services for new and existing consumers will only be allocated from the PASARR revolving fund (except as noted below).

If a person who had waiver funding moves to a nursing facility and needs specialized services, a portion of his or her waiver money is

¹³ “Pre-Admission Screening and Resident Review” for people with developmental disabilities in, or at risk of entering, a nursing facility.

SPECIAL PROGRAM ALLOCATIONS

converted to Nursing Home Day Rehabilitation funding to pay for specialized services. If a person needs specialized services and is not supported under the waiver, funding comes from the revolving PASARR fund and is limited to 5 hours per week for a new referral. If a consumer dies or stops receiving specialized services, the funds are added back to the revolving PASARR fund or may be allocated to the equity fund if there is sufficient resources to cover current and anticipated PASARR needs. If a person receiving specialized services moves out of a nursing facility, his or her specialized services funding can be converted to waiver funding to support the community-based services. The balance of the waiver costs for a person moving from a nursing facility to a community placement comes from the DA's new caseload funding or Equity Fund.